

Washington School for the Deaf

APPLICANT'S CONSENT TO RELEASE INFORMATION

I, _____, authorize the Washington School for the Deaf to contact any or all of my present and former employers or any or all of the references I have supplied for the purpose of verifying the information I have provided to the Washington School for the Deaf and/or for the purpose of obtaining any information whatsoever, whether favorable or unfavorable, about me or my employment with any present or former employers. I authorize any of my former employers to provide a representative of the Washington School for the Deaf with any and all information pertaining to my previous employment and/or other related behavior.

I also authorize any of my former employers to release to the Washington School for the Deaf, all information related to any acts of sexual misconduct committed by me as defined by the state board of education. Sexual misconduct definitions are found in WAC 180-87-080. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400.

I knowingly and voluntarily release the State of Washington, the Washington School for the Deaf, and its individual employees, and all of my former or present employers, their individual employees, and other individuals, from any and all claims for damages or other relief arising out of the school's request for and receipt of information.

Printed Name of Applicant

Applicant's Signature

Date